

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

DIANE ROSETSKY,
Plaintiff

vs.

**NATIONAL BOARD OF MEDICAL
EXAMINERS OF THE UNITED STATES
OF AMERICA, INC.,
Defendant**

CIVIL ACTION

No: 07-3167

ORDER

AND NOW, this day of , 2007, upon consideration of the
Motion to Compel Defendant National Board of Medical Examiners:

IT IS HEREBY ORDERED that:

1. Plaintiff is to execute and forward to counsel for Defendant the Tax Information Authorization (Form 8821) and the Request for Copy of Tax Return (Form 4506) as to her personal tax returns, and as to the Checks 54th, Inc. returns for the years 2002 through 2007; and
2. Plaintiff is to provide a list of all of her healthcare providers, and execute a HIPAA release for Dr. Pamela Fenstermacher, and any others provided to her by defendant based on the list she provides.

BY THE COURT:

J.

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

DIANE ROSETSKY,
Plaintiff

vs.

**NATIONAL BOARD OF MEDICAL
EXAMINERS OF THE UNITED STATES
OF AMERICA, INC.,**
Defendant

: **CIVIL ACTION**

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No: 07-3167

**MOTION TO COMPEL OF DEFENDANT
NATIONAL BOARD OF MEDICAL EXAMINERS**

Defendant, The National Board of Medical Examiners ("NBME"), by and through its undersigned counsel, moves this Court for an Order compelling plaintiff to produce her medical records and relevant tax returns. In support of its Motion, defendant relies on the accompanying Memorandum of Law, which is incorporated by reference as if fully set forth herein.

Respectfully submitted,

DATE: October 31, 07

TROIANI/KIVITZ, L.L.P.


Bebe H. Kivitz, Esquire

I.D. No: 30253

Dolores M. Troiani, Esquire

I.D. No: 21283

38 North Waterloo Road

Devon, PA 19333

(215) 688-8400

Attorneys for Defendant
National Board of Medical Examiners Of
The United States of America, Inc.

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

DIANE ROSETSKY,
Plaintiff

VS.

**NATIONAL BOARD OF MEDICAL
EXAMINERS OF THE UNITED STATES
OF AMERICA, INC.,
Defendant**

: CIVIL ACTION

No: 07-3167

**MEMORANDUM OF LAW IN SUPPORT OF
MOTION TO COMPEL OF DEFENDANT
NATIONAL BOARD OF MEDICAL EXAMINERS**

The National Board of Medical Examiners (“NBME”), by and through its counsel, TROIANI/KIVITZ, L.L.P., moves herein to compel plaintiff to produce her medical records and relevant tax returns for the reasons stated herein.

BACKGROUND

Plaintiff has made claims pursuant to the ADEA and PHRA, alleging that she was discriminated against because of her age, and was the victim of retaliation. NBME vigorously disputes those claims, but does not address the merits of plaintiff's claims here. Rather, NBME moves to compel the production of plaintiff's medical records and tax returns, all of which are relevant to plaintiff's claim for damages.

NBME served plaintiff with Interrogatories and a Request for the Production of Documents on September 11, 2007. NBME requested, among other things, plaintiff's tax returns for the past 10 years, including any businesses in which she had an interest. Request for Production No. 2 states:

2. Plaintiff's personal federal, state, and local income tax returns, and income tax returns for any business entity in which the plaintiff has held or holds an ownership interest, for the taxable years 1997 - 2007.

Plaintiff's response was:

This document request is objected to as being overbroad, burdensome and not directed to lead to the discovery of admissible evidence. In particular, the income tax returns for any business entity in which the Plaintiff has held or holds an ownership interest is overbroad and irrelevant since that entity is not a party to this litigation. Second, the 10 year request for all tax returns is overly broad. Plaintiff is willing to supply and has supplied, tax returns for 3 years which covers the entire span of time she was working for Defendant, in addition to bringing Plaintiff's income current to 2006. The tax return for 2007 has not been drafted or filed.

Plaintiff then produced only the first page of her 2005 and 2006 federal income tax returns. (Exhibit "A"). NBME's counsel next wrote to counsel, requesting full copies of the tax returns as requested. Plaintiff's counsel left a voicemail for NBME's counsel, stating plaintiff would authorize the IRS to produce the returns for the prior five (5) years.

At plaintiff's October 24, 2007, deposition, however, plaintiff and her counsel departed before signing the necessary forms for the years 2002 through 2007 (when available), including Form 4506 and Form 8821. Because discovery ends on November 16, 2007, NBME needs these authorizations signed promptly, so that the IRS can provide copies (at least before trial).

Moreover, plaintiff testified that she was one of two shareholders, and the corporate secretary and/or treasurer of a family business, Checks 54th, Inc. On a prior resume and employment application, plaintiff represented that she was the office manager of that business from 1999 to present [sic] 2004. (Exhibit "B"). Thus, the tax returns of the business, insofar as plaintiff received income, dividends, or benefits, is also relevant to her income as well as her earning capacity, including at present.

All of the years sought are also relevant because plaintiff has had multiple jobs over the years: substitute teacher (over a period of years), University of Pennsylvania Medical School

(four months in 2004 before she was terminated), Checks 54th, Inc. (4 to 5 years), and NBME (fourteen months). Her ability to generate -- or not generate -- income is relevant to the damages plaintiff now seeks.

The law is clear that the Court may compel the production of tax returns where they are relevant to the issues involved. See, e.g., Kine v. Forman, 209 A.2d 1, 4 (Pa. Super. 1965). See also, Paine Webber Inc. v. Devin, 658 A.2d 409 (Pa Super. 1995) (disclosure of corporate and personal returns ordered where party opposing such discovery failed to establish that such discovery would be oppressive, burdensome, or harassing).

There is no alternative source for the production of the corporate and personal tax returns, because plaintiff either doesn't have them or can't produce them in their entirety. Thus, NBME requests that plaintiff be ordered to sign the necessary authorizations promptly (Exhibit "C") (authorizations will be forwarded separately for corporation).

MEDICAL RECORDS

NBME's Interrogatory Nos. 20 and 21 requests:

20. Describe in detail the pain, suffering, humiliation you allege in the Complaint that you have experienced since the termination of your NBME employment.

21. Describe in detail all medical, psychological, or other treatment you have received as a result of the alleged pain, suffering, and humiliation described in response to Interrogatory 20 above, and identify all doctors, therapists, or others who have provided any treatment.

Plaintiff's responses were:

20. Plaintiff has suffered pain, suffering and humiliation and in addition to financial stress and it would be too long and too burdensome to go into all the details about how Plaintiff has suffered. In short however, Plaintiff has had stress, anxiety, panic attacks and significant depression as a consequence of her termination.

21. Plaintiff has not gone to the doctor for the foregoing pain, suffering and humiliation, depression and anxiety.

However, at plaintiff's October 24, 2007, deposition (transcript pending), for the first time, plaintiff testified that her prior conditions, such as irritable bowel syndrome, stomach aches, and depression were exacerbated by her allegations here, and she had seen Dr. Pam Fenstermacher because of her conditions. Plaintiff's counsel then agreed that plaintiff would sign a HIPAA release for Dr. Fenstermacher's medical records, but did not agree as to the production of any other prior medical records.

First, plaintiff has now put the exacerbation of several medical conditions at issue. Thus, all prior records regarding those conditions is relevant for NBME to explore. Second, NBME is entitled to ascertain whether and when plaintiff was treated for those conditions (which were not identified in plaintiff's interrogatory answers). If so, NBME is entitled to ascertain specific dates of prior treatment as they relate to other events in plaintiff's life, for example, whether any of her alleged medical ailments or depression were triggered at the time of a prior termination in 2004 from the University of Pennsylvania (Exhibit "D"), or stem in whole or in part whether such conditions from other issues in plaintiff's life, such as her pending divorce (Exhibit "E").

The production of medical records is relevant where plaintiff, as here, has placed her mental health and medical condition at issue. Iwanejko v. Cohen & Grigsby, P.C., (W.D. Pa. 2005), 2005 U.S. Dist. LEXIS 22563. See also, McCarthy v. SEPTA, 1993 U.S. Dist. LEXIS 14419 (E.D. Pa. 1993) (medical records relevant under F.R.C.P. 26 and relevant to whether employee's marital problems played a role in the development of her alleged emotion problems).

NBME seeks plaintiff to identify promptly all health care providers, including any who provided prior care for depression and/or stomach aches or irritable bowel, and seeks to compel plaintiff to sign the appropriate HIPAA authorizations allowing the release of such records to

defendant. Because discovery ends shortly, NBME seeks plaintiff's cooperation in executing all authorizations promptly.

Accordingly, NBME requests the Court to compel plaintiff's prompt cooperation in executing all forms necessary to obtain her medical history and treatment, and her personal and business tax returns.

Respectfully submitted,

DATE:

Oct 31, 2007

TROIANI/KIVITZ, L.L.P.

Bebe H. Kivitz

Bebe H. Kivitz, Esquire

I.D. No: 30253

Dolores M. Troiani, Esquire

I.D. No: 21283

38 North Waterloo Road

Devon, PA 19333

(215) 688-8400

Attorneys for Defendant
National Board of Medical Examiners Of
The United States of America, Inc.

CERTIFICATE OF SERVICE

I, Bebe H. Kivitz, hereby certify that the foregoing Motion to Compel of Defendant National Board of Medical Examiners was filed electronically and is available for viewing and downloading from the ECF system. I further certify that a true and correct copy of said document was served via regular First Class mail, postage prepaid, on the following:

Rufus A, Jennings, Esquire
Timothy M. Kolman & Associates
225 North Flowers Mill Road
Langhorne, PA 19047

Troiani/Kivitz, LLP

BY: /s/ Bebe H. Kivitz
Bebe H. Kivitz
Attorney for Defendant

Date: October 31, 2007

EXHIBIT “A”

Form

1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 2006

(99)

IRS Use Only - Do not write or staple in this space.

Label
(See instructions on page 16.)
Use the IRS label.
Otherwise, please print or type.

Presidential

Election Campaign

L
A
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E

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning

2006, ending

20

OMB No. 1545-0074

Your first name and initial

NORMAN

Last name

ROSETSKY

If a joint return, spouse's first name and initial

DIANE

Last name

ROSETSKY

Home address (number and street). If you have a P.O. box, see page 16.

931 THRUSH LANE

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

HUNTINGDON VALLEY PA 19006

Your social security number

167-46-6934

Spouse's social security number

198-44-2741

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

☒ You☒ Spouse**Filing Status**

Check only one box.

1

Single

4

Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

2

☒ Married filing jointly (even if only one had income)

5

Qualifying widow(er) with dependent child (see page 17)

3

Married filing separately. Enter spouse's SSN above and full name here.

Exemptions

6a

☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b

☒ Spouse

c

Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qual. child for child tax cr. (see page 19)

ROSS**ROSETSKY****175-70-6133****Son****LONNIE****ROSETSKY****200-72-9667****Daughter****MAXWELL****ROSETSKY****163-76-1402****Son**

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above

If more than four dependents, see page 19.

d

Total number of exemptions claimed

7

Wages, salaries, tips, etc. Attach Form(s) W-2

DCB

7

88,124**Income**

8a

Taxable interest. Attach Schedule B if required

8a

16

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

b

Tax-exempt interest. Do not include on line 8a

8b

9a

Ordinary dividends. Attach Schedule B if required

9a

b

Qualified dividends (see page 23)

9b

10

Taxable refunds, credits, or offsets of state and local income taxes (see page 24)

10

11

Alimony received

11

12

Business income or (loss). Attach Schedule C or C-EZ

12

13

Capital gain or (loss). Attach Schedule D if required. If not required, check here

13

14

Other gains or (losses). Attach Form 4797

14

15a

IRA distributions

15a

b Taxable amount (see page 25)

15b

16a

Pensions and annuities

16a

b Taxable amount (see page 26)

16b

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

17

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

10,723

18

Farm income or (loss). Attach Schedule F

18

19

Unemployment compensation

19

493

20a

Social security benefits

20a

b Taxable amount (see page 27)

20b

21

Other income. List type and amount (see page 29)

21

22

Add the amounts in the far right column for lines 7 through 21. This is your total income

22

99,356**Adjusted Gross Income**

23

Archer MSA deduction. Attach Form 8853

23

24

Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25

Health savings account deduction. Attach Form 8889

25

26

Moving expenses. Attach Form 3903

26

27

One-half of self-employment tax. Attach Schedule SE

27

28

Self-employed SEP, SIMPLE, and qualified plans

28

29

Self-employed health insurance deduction (see page 29)

29

30

Penalty on early withdrawal of savings

30

31a

Alimony paid b Recipient's SSN

31a

32

IRA deduction (see page 31)

32

33

Student loan interest deduction (see page 33)

33

34

Jury duty pay you gave to your employer

34

35

Domestic production activities deduction. Attach Form 8903

35

36

Add lines 23 through 31a and 32 through 35

36

37

Subtract line 36 from line 22. This is your adjusted gross income

37

99,356

EXHIBIT “B”

Tues
4/20 @ 10⁰⁰
5:44 PM C

1984-11-21

1/1/1

Diane Rosetsky
931 Thrush Lane
Huntingdon Valley, PA 19006
Telephone: 215-947-6571
Fax: 215-947-5055
E-mail: Diane1120@comcast.net

OBJECTIVE: Seeking entry level position as a paralegal or litigation support specialist.

EDUCATION:

Paralegal Certification - 2003

Completed two year ABA-accredited program at Manor College, Jenkintown, PA

M.Ed. Elementary Education - 1994

Arcadia University (Beaver College)- Glenside, PA

B.A. English - 1984

University of Pennsylvania, Philadelphia, PA

Additional Coursework: (Penn State- Abington) - HTML, Programming in C++

EMPLOYMENT:

1999-Present Checks 54th Inc. Philadelphia, PA.

Office Manager—Duties included filing of legal forms and civil complaints, background investigations, responsible for all correspondence and compliance concerning governmental regulations and requirements.

1987-1989 Fox Chase Cancer Center/Jeanes Hospital Philadelphia, PA

Manager—Pathology Transcription Services- Supervision of four medical transcriptionists providing reports for Pathology Lab and Pathologists.

1976- 1987 The Wistar Institute of Anatomy and Biology (A biomedical research facility located at the University of Pennsylvania, Philadelphia, PA):

Assistant to Associate Director – Coordination of scientific staff seminars, conferences; administration of patent agreements, liaison to Institute Board of Managers.

Assistant Manager – Grants/Editorial Services – Central support service for staff of 80 biomedical research scientists. Responsibilities included expedition of government research grants and journal manuscripts. Supervision of five wordprocessor operators, a grant coordinator and artist; editing and proofreading, organization of government site visits, provision of funding information and resources for staff.

COMPUTER SKILLS:

Windows 95, 98 and XP; Microsoft Office and Internet, CPT, Adobe Photoshop, MS Access, Excel, Powerpoint, HTML, Westlaw, LexisNexis.

RELATED SKILLS:

RECEIVED
JUN 08 2004
HUMAN RESOURCES
RECORDS OFFICE

EXHIBIT “C”

TROIANI/KIVITZ, L.L.P.

ATTORNEYS AT LAW

DOLORES M. TROIANI, ESQUIRE
BEBE H. KIVITZ, ESQUIRE

KIMBERLY C. GIBNEY, ESQUIRE
OF COUNSEL

DEVON OFFICE:
38 NORTH WATERLOO ROAD
DEVON, PA 19333

(610) 688-8400
FAX (610) 688-8426
REPLY TO DEVON OFFICE

PHILADELPHIA OFFICE:
THE SOVEREIGN BUILDING
714 MARKET STREET, SUITE 205
PHILADELPHIA, PA 19106

(267) 765-1598
FAX (215) 634-6195

October 25, 2007

Rufus A. Jennings, Esquire
Timothy M. Kolman & Associates
225 North Flowers Mill Road
Langhorne, PA 19047

Via Facsimile: (215) 750-3138 and
Via United States Mail (originals)

RE: Diane Rosetsky v. National Board of Medical Examiners
U.S. District Court for the Eastern of District of Pa Civil Action No: 07-3167

Dear Mr. Jennings:

Enclosed please find the HIPAA release and tax authorizations your client agreed to execute, but neglected to do so yesterday. Please have Ms. Rosetsky fill in her date of birth on the Authorization for Disclosure for Health Information form.

Plaintiff's testimony has also put her medical condition and treatment at issue. We are again requesting the names of all physician, psychologists or therapists who have ever treated her, including for depression, other emotional issues, and stomach issues.

As to the NBME proprietary information you downloaded from Mrs. Rosetsky's thumb drive, the data indicates that it was modified in February 2007 and July 2007 and possibly at other times. In addition, plaintiff forwarded attachments to her home e-mail, independent of her thumb drive, which remain in plaintiff's possession. Plaintiff is in breach of the confidentiality agreement she entered into in September 2005 and in violation of the November 8, 2006, explicit instructions from her supervisor. We demand a full accounting of all data plaintiff took and/or

TROIANI/KIVITZ, L.L.P.

ATTORNEYS AT LAW

Rufus A. Jennings, Esquire

October 25, 2007

Page 2

took and modified into another document or form, as well as the immediate return of all such data. We are not persuaded, and, in fact, highly doubt that your client has returned to us all of the data that she took in violation of the confidentiality agreement.

Very truly yours,



Bebe H. Kivitz

BHK/cap

Enclosure

cc: Shelley Green, Esquire(w/enclosure)

Form **4506**

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service**Request for Copy of Tax Return**

- Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.
- Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-0429

Tip: You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T**, Request for Transcript of Tax Return, or you can call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first. NORMAN ROSETSKY	1b First social security number on tax return or employer identification number (see instructions) 167-46-6934
2a If a joint return, enter spouse's name shown on tax return DIANE ROSETSKY	2b Second social security number if joint tax return 198 44 2741

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code
931 Thrush Lane, Huntingdon Valley, PA 19006

4 Previous address shown on the last return filed if different from line 3

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.

Bebe H. Kivitz, Esquire, Troiani/Kivitz, L.L.P., 38 North Waterloo Road, Devon, PA 19333

Caution: If a third party requires you to complete Form 4506, do not sign Form 4506 if lines 6 and 7 are blank.

6 Tax return requested (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ►

Note. If the copies must be certified for court or administrative proceedings, check here. ☐

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

<u>12 / 31 / 2002</u>	<u>12 / 31 / 2003</u>	<u>12 / 31 / 2004</u>	<u>12 / 31 / 2005</u>
<u>12 / 31 / 2006</u>	<u>12 / 31 / 2007</u>	<u>/ /</u>	<u>/ /</u>

8 Fee. There is a \$39 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.

a Cost for each return	\$ 39.00
b Number of returns requested on line 7	6
c Total cost. Multiply line 8a by line 8b	\$ 234.00

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☒

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

Telephone number of taxpayer on line 1a or 2a
()

Sign Here

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

Form **8821**
(Rev. April 2004)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization

▶ **Do not use this form to request a copy or transcript of your tax return.**
Instead, use Form 4506 or Form 4506-T.

OMB No. 1545-1165

For IRS Use Only

Received by:

Name _____

Telephone () _____

Function _____

Date / / _____

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)

NORMAN ROSETSKY
DIANE ROSETSKY

Social security number(s)

167 : 46 : 6934

198 : 44 : 2741

Daytime telephone number

()

Employer identification number

Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address

Bebe H. Kivitz, Esquire, Troiani Kivitz, L.L.P.
38 North Waterloo Road, Devon, PA 19333

CAF No. _____

Telephone No. **610-688-8400**Fax No. **610-688-8426**Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Income-Individual	1040	2002 through 2007	

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6. ▶ ☐

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box. ▶ ☒

b If you do not want any copies of notices or communications sent to your appointee, check this box. ▶ ☐

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box. ▶ ☐

To revoke this tax information authorization, see the instructions on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

Signature Date

Signature Date

Print Name Title (if applicable)

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

Print Name Title (if applicable)

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

Authorization for Disclosure for Health Information

I hereby authorize Pamela A. Fenstemacher, M.D. to release medical information from the records of:

Patient Name: Diane Rosetsky D.O.B. _____ SS# 198-44-2741

Covering the period(s) of care (list applicable dates of treatment): All treatments

Information to be disclosed (check all applicable items to be released; for a complete chart copy, please check in all boxes)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Discharge Summary | <input checked="" type="checkbox"/> ER Record |
| <input checked="" type="checkbox"/> Discharge Instructions | <input checked="" type="checkbox"/> X-Ray Reports |
| <input checked="" type="checkbox"/> History and Physical | <input checked="" type="checkbox"/> Lab Reports |
| <input checked="" type="checkbox"/> Consultations | <input checked="" type="checkbox"/> EKG/ECG Tests |
| <input checked="" type="checkbox"/> Operative Report | <input checked="" type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Other (please specify): _____ | |

I hereby release Pamela A. Fenstemacher, M.D. from any and all liabilities, responsibilities, damages and claims which might arise from the release of information authorized herein, to include **alcohol, drug abuse, communicable disease including HIV status, and/or psychiatric diagnoses** compiled during my visit, encounter or hospitalization unless specifically checked below.

☐ AIDS/HIV ☐ Psychiatric Care ☐ Drug or Alcohol use/abuse

I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not effect my ability to obtain treatment, receive payment; or eligibility for benefits unless allowed by law. This information is to be disclosed to:

Name of Person or Institution: TROIANI/KIVITZ, L.L.P.

Address: 38 North Waterloo Road

City/State/Zip Code: Devon, Pennsylvania 19333 Phone # (for questions): (610) 688-8400

Purpose for need of disclosure: Legal

☐ Personal Use

I understand that this authorization may be revoked in writing at any time, except to the extend that action has already been taken to comply with this request. This authorization will automatically expire in six (6) months unless otherwise revoked or indicated to expire on April 24, 2008 (date not to exceed six months). In accordance with PA state law, I understand that there is a fee for obtaining copies of records, except for copies mailed directly to a healthcare facility or physician, and I agree to pay such charges.

Diane Rosetsky

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	1268
DESTINATION ADDRESS	12157503138
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	10/25 14:37
USAGE T	01' 14
PGS.	6
RESULT	OK

TROIANI/KIVITZ, LLP. ATTORNEYS AT LAW

Bebe H. Kivitz, Esquire
Troiani/Kivitz L.L.P.
38 North Waterloo Road
Devon, Pennsylvania 19333
Tel: (610) 688-8400
Telefax: (610) 688-8426

TO: Rufus A. Jennings, Esquire

NO: (215) 750-3138

FROM: Bebe H. Kivitz, Esquire
TROIANI/KIVITZ, L.L.P.

DATE: October 25, 2007

SUBJECT: Diane Rosetsky v. National Board of Medical Examiners

EXHIBIT “D”



UNIVERSITY OF
PENNSYLVANIA
SCHOOL OF MEDICINE

Office of Research Program Development

Rosetsky, Diane
198-44-2741

CONFIDENTIAL

September 22, 2004

Diane Rosetsky
931 Thrush Lane
Huntington Valley, PA 19006

Dear Diane

In following up on our conversation of September 22, 2004 this letter is to inform you that your position with Research Program Development is being terminated effective September 30, 2004

As we discussed, the quality of your interpersonal interactions and the ability to work cooperatively with a diverse constituency, did not meet the standards of this office.

Please return your keys, University I. D. card, and any other University property to me. You should contact the Penn Benefits Center (1-888-736-6236) to discuss your benefits coverage

Sincerely,

Elizabeth Bien

Elizabeth Bien

cc Human Resources

RECEIVED

SEP 27 2004

HUMAN RESOURCES
RECORDS OFFICE

SEP 23 AM 9:12

EXHIBIT “E”

Case Details

Case Number: 2006-03348
 Commencement Date: 2/13/2006 3:48:52 PM
 Case Type: Municipal Lien Volume

PFA Number:

Caption Plaintiff: LOWER MORELAND TWP

Caption Defendant: ROSETSKY, NORMAN
 Judgement Indicator: Yes

Lis Pendens Indicator: No

Status: 6

Judge:

Parcel Number: 410008947003

Remarks:

Sealed: No

Plaintiffs:

	Name	Address Line 1	Address Line 2	City	State	Zip Code	Country	Counsel	Co-Counsel	Notify	Seq
Select	LOWER MORELAND TWP	640 RED LION RD		HUNTINGDON VALLEY	PA	19006		WEISS, ROSS		Yes	1

[Print](#)**Defendants:**

	Name	Address Line 1	Address Line 2	City	State	Zip Code	Country	Counsel	Co-Counsel	Notify	Seq
Select	ROSETSKY, NORMAN	931 THRUSH LN		HUNTINGDON VALLEY	PA	19006				Yes	1
Select	ROSETSKY, DIANE	931 THRUSH LN		HUNTINGDON VALLEY	PA	19006				Yes	2

[Print](#)**Garnishees:**[Print](#)**Dockets:**

	Sequence	Filing Date	Docket Type	Docket Text	Sealed
Select	0	2/13/2006 3:48:52 PM	Municipal Lien Volume		No
Select	1	3/31/2006 10:10:04 AM	Satisfied as Per Order (After 1992)		No

[Print](#)**Judgments:**

	Plaintiff	Defendant	Date	Amount
Select	LOWER MORELAND TWP	ROSETSKY, NORMAN	2/13/2006 3:48:52 PM	330.50
Select	LOWER MORELAND TWP	ROSETSKY, DIANE	2/13/2006 3:48:52 PM	330.50

[Print](#)

Case Details

Case Number: 2007-12909

Commencement Date: 6/4/2007 9:20:28 AM

Case Type: Complaint Divorce

PFA Number:

Caption Plaintiff: ROSETSKY, DIANE

Caption Defendant: ROSETSKY, NORMAN

Judgement Indicator: No

Lis Pendens Indicator: No

Status: 2

Judge: BRANCA

Parcel Number:

Remarks:

Sealed: Divorce

Plaintiffs:

	Name	Address Line 1	Address Line 2	City	State	Zip Code	Country	Counsel	Co-Counsel	Notify	Seq
Select	ROSETSKY, DIANE	831 THRUSH LANE		HUNTINGDON VALLEY	PA	19006	US			Yes	1

[Print](#)**Defendants:**

	Name	Address Line 1	Address Line 2	City	State	Zip Code	Country	Counsel	Co-Counsel	Notify	Seq
Select	ROSETSKY, NORMAN	831 THRUSH LANE		HUNTINGDON VALLEY	PA	19006	US	FELDMAN, RANDEE B		Yes	1

[Print](#)**Garnishees:**[Print](#)**Dockets:**

	Sequence	Filing Date	Docket Type	Docket Text
Select	0	6/4/2007 9:20:28 AM	Complaint Divorce	
Select	1	6/4/2007 9:24:41 AM	Notice of Counseling	
Select	2	6/4/2007 9:24:55 AM	Entry of Appearance	OF MARIBETH BLESSING FOR PLTF
Select	3	6/29/2007 12:48:39 PM	Entry of Appearance	OF RANDEE FELDMAN ESQ FOR DEFT
Select	4	8/1/2007 11:25:23 AM	Withdrawal of Appearance of	OF MARIBETH BLESSING FOR PLTF
Select	5	8/1/2007 11:26:22 AM	Entry of Appearance	OF DIANE ROSETSKY PRO SE
Select	6	8/29/2007 11:51:25 AM	Acceptance of Service By	DEFT ON 6/6/07
Select	7	9/11/2007 9:21:00 AM	Affidavit of Consent By	DEFT
Select	8	9/11/2007 1:53:42 PM	Answer and Counterclaim By	DEFT
Select	9	9/11/2007 1:54:34 PM	Notice of Counseling	

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